

UNITED STATES BANKRUPTCY COURT  
SOUTHERN AND WESTERN DISTRICTS OF TEXAS  
HOUSTON DIVISION

CASE NAME: Royce James Hassell Petition Date : 02/04/2019  
CASE NUMBER: 19-30694

THIS REPORT IS FOR THE MONTH/YEAR (example: MAY/1995) OF September-2019

All Individual Debtor-In-Possession Checking, Savings, Brokerage Accounts:

All Non-Debtor-In-Possession Accounts:

BANK NAME:	ACCOUNT NO.:	BANK NAME:	ACCOUNT NO.:
1. <u>Frost Bank</u>	<u>xxxx4600</u>	1. <u>Bank of Texas</u>	<u>xxxx7096</u>
2. <u>Frost Bank</u>	<u>xxxx1074</u>	3. <u></u>	<u></u>

(attach list if needed)

**A copy of a reconciled statement should be attached for each and all accounts.**

Total Disbursements from MOR-7	+	Total Disbursements from MFR-2	=	Total Disbursements
Or Small Business Exhibit B-1		(When the debtor is an Individual)		<u>\$ 0.00</u>

Are all post-petition liabilities, including taxes, being paid within terms? Yes ☐ No ☒

Have any pre-petition liabilities been paid? Yes ☐ No ☒ If so, explain

Are all U. S. Trustee Quarterly Fee Payments current? Yes ☒ No ☐

What is the status of your Plan of Reorganization? Filed

\*\*\*The original of this document must be filed with the United States Bankruptcy Court and a copy must be sent to the United States Trustee\*\*\*

Attorney Name: Erin Jones  
Firm: JONES MURRAY & BEATTY LLP  
Address: 4119 Montrose, Suite 230  
City State, Zip: Texas 77006  
Telephone: 713 5291999

I certify under penalty of perjury that the following complete Monthly Financial Report (MFR), consisting of MFR-1 through MFR-3 plus attachments, is true and correct.

SIGNED Royce James Hassell  
(ORIGINAL SIGNATURE)  
Royce James Hassell

**MFR-1**

**This FORM is for INDIVIDUALS ONLY**

Petition Date: 02/04/2019

CASE NAME: Royce James Hassell CASE NUMBER: 19-30694

<b>CASH RECEIPTS AND DISBURSEMENTS</b>		[2019] MONTH	[2019] MONTH	[2019] MONTH	[2019] MONTH	[2019] MONTH	[2019] MONTH	[2019] MONTH	[2020] MONTH
SCHEDULE 1 & J		August	September	October	November	December	January		
<b>1. CASH - BEGINNING OF MONTH</b>		\$ 784,397.06	\$ 758,879.92						
<b>RECEIPTS</b>									
<b>2. Wages, Salary, Commissions (net)</b>		0.00	0.00	0.00					
<b>3. Rents, Royalties, Dividends, Interest</b>		714.66	0.00						
<b>4. Social Security, Pension, etc.</b>		0.00	0.00	0.00					
<b>5. Other (attach list)</b>									
<b>TOTAL RECEIPTS</b>		\$ 714.66	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		\$ 0.00
<b>Draw from (Contribution to) Operation of Business MOR-7 or Small Business Exhibit B-1</b>		0.00							
<b>DISBURSEMENTS</b>									
<b>6. Rent or Home Mortgage Payment</b>			0.00	0.00					
<b>7. Utilities (electricity, gas, water, telephone)</b>		4,236.57							
<b>8. Home Maintenance (repairs and upkeep)</b>		18,305.67							
<b>9. Food, Clothing, Laundry, and Dry Cleaning</b>		1,737.32							
<b>10. Medical and Dental</b>		50.00							
<b>11. Transportation (not including car payment)</b>		1,266.11							
<b>12. Recreations, Clubs, and Entertainment</b>		10.00							
<b>13. Insurance (not included in wages or home mortgage)</b>		3,291.01							
<b>14. Taxes (not included in wages or home mortgage)</b>		0.00							
<b>15. Auto Payment</b>									
<b>16. Credit Cards</b>		2,285.00							
<b>17. Other (attach list)</b>									
<b>SUB-TOTAL DISBURSEMENTS (for Individual)</b>		\$ 31,181.68	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>18. PROFESSIONAL FEES</b>		0.00	0.00	0.00					
<b>19. U.S. TRUSTEE FEES</b>		0.00	0.00						
<b>TOTAL DISBURSEMENTS</b>		\$ 31,181.68	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>20. NET CASH FLOW</b>		(30,467.02)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>21. CASH - END OF MONTH</b>		\$ 753,930.04	\$ 758,879.92						\$ 0.00

Revised: 1/31/2014

MFR-2

19-30694

August	September	October	November	December	January
MONTH	MONTH	MONTH	MONTH	MONTH	MONTH
2019	2019	2019	2019	2019	2020

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1. NAME OF THE COMPANY	2. ADDRESS OF THE COMPANY	3. NAME OF THE MANUFACTURER	4. NAME OF THE SUPPLIER	5. NAME OF THE DISTRIBUTOR	6. NAME OF THE EXPORTER

[illegible]

NAME: _____	ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____	PHONE: _____

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*Revised: 1312014*